



## APPLICATION FOR RETIRED CERTIFICATE OF REGISTRATION

APPLICANT'S NAME			LICENSED AS <input type="checkbox"/> PE <input type="checkbox"/> PLS	
MAILING ADDRESS			CERTIFICATE NO.	
CITY	STATE	ZIP	TELEPHONE NO. (     )	
DATE OF BIRTH		EFFECTIVE DATE OF RETIREMENT		

**NOTE:** If you are registered as **both** a PE and LS, you must be retired in **both** to qualify for a Retired Certificate of Registration. All renewals are for two years. We cannot accept prorated renewals for shorter periods preceeding the date of retirement.

### **CERTIFICATION**

I certify that I have examined the rules for a Retired Certificate of Registration (WAC196-25-100) and believe that I meet the conditions to qualify. I agree to abide by the terms and conditions and will not practice engineering or land surveying as defined in RCW 18.43.020 until such time that I have reinstated my Certificate of Registration (license) to active status.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Place (city/state) of Certification \_\_\_\_\_

**Staff Use Only** - Retired status effective date \_\_\_\_\_ Reinstatement effective date \_\_\_\_\_